

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000006339

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** WILLOWBERRY INVESTMENTS, L.C.

**Current Principal Place of Business:**

8569 SE WOODWIND ST  
HOBE SOUND, FL 33455 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 739  
MAYFIELD, KY 42066 US

**New Mailing Address:**

**FEI Number:** 65-0956303

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SOPKO, JAMES  
853 S.E. MONTEREY COMMONS BLVD.  
STUART, FL 34995 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** GSCHWIND, LINDA KAY  
**Address:** 8569 S E WOODWIND STREET  
**City-St-Zip:** HOBE SOUND, FL 33455

**Title:** MGRM  
**Name:** GSCHWIND, GARY EDWARD  
**Address:** 8569 S E WOODWIND STREET  
**City-St-Zip:** HOBE SOUND, FL 33455M

**Title:** MGRM  
**Name:** GSCHWIND, MARK EDWARD  
**Address:** P. O. BOX 323  
**City-St-Zip:** MAYFIELD, KY 42066

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** GARY EDWARD GSCHWIND

MGRM

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date